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JAN 17 2006

1		Application Number	. 1.			
TRANSMI	TTAI			09/855,804		
3		Filing Date		May 16, 2001		
FORM		First Named Inventor Art Unit Examiner Name		Linda Ann Roberts		
(to be used for all corresponde	ence after initial filing)			2665		
Total Number of Pages in This Submis	sion: 7			ason E. Mattis		
- Cabrilla		Attorney Docket Num	iber BS	500337		
	ENCLOS	SURES		·		
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□ Fee Transmittal Form						
☐ Amendment/Reply ☐ After Final ☐ Affidavits/declaration(s) ☐ Extension of Time Request ☐ Express Abandonment Request ☐ Information Disclosure Statement ☐ Certified Copy of Priority Document(s) ☐ Response to Missing Parts/Incomplete Application ☐ Response to Missing Parts under 37 CFR 1.52 or 1.53	Drawing(s) Licensing-related Pap Petition Petition to Convert to a Application Power of Attorney, Rev Change of correspond Terminal Disclaimer Request for Refund CD, Number of CD(s) Remarks:	Prov <del>i</del> sional	Ap Ap (Ap Pro	ter Allowance Communication to Group opeal Communication to Board of Appeals d Interferences peal Communication to Group opeal Notice, Brief, Reply Brief) oprietary Information stus Letter er Enclosure(s) (please Identify below):		
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Name (Print/Type) Signature	Bambi Faivre Walters		eg. No.	: 45,197		
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hereby certify that this correspondence is the Service with sufficient postage as first class /A 22313-1450 on the date shown below.	ERTIFICATE OF TRANSMI	SSION / MAILING the USPTO or depos d to: Commissioner	sited wit	th the United States Postal		
iame (Filliv Type)	Maureen M. Pettine					
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## JAN 17 2006

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Linda Ann Roberts

Group Art Unit:

2665

**Application No.:** 

09/855,804

Examiner:

Jason E. Mattis

Filed:

May 16, 2001

Title:

"Priority Caller Alert"

**VIA FACSIMILE 571-273-8300** 

Attn: Examiner Jason E. Mattis

37 C.F.R. § 1.8 CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on: 01/10/05 (date of transmission).

Maureen M. Pettine

Name of Person Faxing This Paper

Signature

ry 12, 2006

Date of Transmission

## INFORMATION DISCLOSURE STATEMENT

Pursuant to 37 CFR §§1.56, 1.97, and 1.98, the attention of the Patent and Trademark Office is hereby directed to the references listed on the attached Form PTO 1449 (page 1). The references are as follows:

6,282,275

Gurbani, et al.

08/2001

5,901,209

Tannenbaum, et al.

05/1999

This Information Disclosure Statement is being submitted after the mailing of a first Office Action in this application and therefore, a certification fee is believed to be required (37 CFR § 1.97(b)(3)).

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Date: 1/17/06

It is respectfully requested that the reference listed on the attached forms be expressly considered by the Examiner and be made of record in the application and appear among the "References Cited" on any patent to issue therefrom.

Respectfully submitted,

Bambi F. Walters

Attorney for Applicants Registration No. 45,197

P. O. Box 5743

Williamsburg, VA 23188

Telephone: 757.253.5729

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Signature

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JAN 17 2006

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FEE TRANSMITTAL Application Number 09/855.804 Filing Date for FY 2005 May 16, 2001 First Named Inventor Linda Ann Roberts Examiner Name Applicant claims small entity status. See 37 CFR 1.27 Jason E. Mattis Art Unit 2665 Attorney Docket No. BS00337 TOTAL AMOUNT OF PAYMENT \$180,00 METHOD OF PAYMENT (check all that apply) ☐ Check ☑ Credit Card ☐ Money Order ☐ None ☐ Other Deposit Account Deposit Account No. 19-2167 Deposit Account Name: The Director is authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES **EXAMINATION FEES** Application Type Fee (\$) Small Entity Fee Fee (\$) Small Entity Fee Fee (\$) Small Entity Fee (\$) Fees Paid (\$) (\$) Utility 300 <u>(\$)</u> 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 RN Relssue 300 150 500 250 600 300 **Provisional** 200 100 2. EXCESS CLAIM FEES Fee Description Fee (\$) Small Enty Fee (\$) Each dalm over 20 (including Reissues) Each Independent claim over 3 (including Reissues) 50 25 Multiple dependent claims 200 100 Total Claims 360 180 Extra Claims Fee(\$) Fee Paid (S) Multiple Dependent Claims - 20 or HP = Fee (\$) Fee Paid (\$) HP=highest number of independent claims paid for, if greater than 3. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP = HP=highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250.00 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Extra Sheets - 100 = Fee (\$) Fee Paid (\$) /50 (round up) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fee Paid (\$) Other (e.g., late filling surcharge): Supplemental IDS Fee SUBMITTED BY: 180,00 Name (Print/Type) Complete (if applicable Bambi F. Watters Registration No. 45,197 (Attorney/Agent) Telephone: (757) 253-5729

Date

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Sheet	4		sary)	Examiner Name	Jason E. Mattis
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			U.S. PATENT DOCUM	/FNTS		
Examiner Cite		U.S. Patent Document				
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Examiner Initials *	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume issue number(s), publisher, city and/or country where published.	Ţ 2
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Signature	Considered

EXAMINER: Initial If reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>&</sup>lt;sup>1</sup> Unique citation designation number. <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.

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